

185709

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

2007-86-T

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 P.O. Box 11263
 Columbia, S.C. 29211
 (803) 737-0578
 FAX (803) 737-0815

COPY

Posted: ledDept: S.A. & ORSDate: 4/27/07Time: 3:30DATE: 4/26/07

I have the following Certificate of Public Convenience and Necessity:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 7798 Low Country Medical Transport, Incorporated

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: _____ To: _____
 (Current Name) (New Name)

DBA: _____ To: _____
 (If Applicable) (If Applicable)

☒ Scope of AuthorityFrom: current scope

Between Points and Places in Hampton, Allendale,
 Colleton, Barnwell, Jasper, Bamberg, Beaufort, and
 Orangeburg counties, South Carolina

Statewide authority
 (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

61 Hickory Hill Road
 (Street Address)

Varnville SC 29944
 (City, State, Zip Code)

803-943-3939
 (Telephone Number)

Shirley M. Dwyer
 (Signature)

Owner/Operator
 (Title)

RECEIVED
 APR 26 2007
 PSC SC
 DOCKETING DEPT.